

## Application Data Sheet

### **Application Information**

Application Type::	Regular
Subject Matter::	Utility
Title::	PROCESS DEVICE WITH QUIESCENT CURRENT DIAGNOSTICS
Attorney Docket Number::	R11.12-0790
Request for Non-Publication?::	No
Suggested Drawing Figure::	4
Total Drawing Sheets::	4
Small Entity?::	No

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Given Name::	Garrie D.
Family Name::	Huisenga
City of Residence::	Chaska
State or Province of Residence::	MN
Country of Residence::	US
Street of Mailing address::	175 Highland Drive
City of Mailing address::	Chaska
State of Province of mailing address::	MN
Country of mailing address::	US
Postal or Zip Code::	55318

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Given Name:: Randy J.  
Family Name:: Longsdorf  
City of Residence:: Chaska  
State or Province of Residence:: MN  
Country of Residence:: US  
Street of Mailing address:: 1343 Heritage Court  
City of Mailing address:: Chaska  
State of Province of mailing address:: MN  
Country of mailing address:: US  
Postal or Zip Code:: 55318

#### **Correspondence Information**

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#### **Representative Information**

Representative Designation::	Registration Number::	Representative Name:
Primary	20147	Nickolas E. Westman

Primary	34797	Judson K. Champlin
Primary	34847	Joseph R. Kelly
Primary	36188	Steven M. Koehler
Primary	34557	David D. Brush
Primary	38354	John D. Veldhuis-Kroeze
Primary	39758	Theodore M. Magee
Primary	35612	Deirdre Megley Kvale
Primary	42413	Christopher R. Christenson
Primary	41885	Brian D. Kaul
Primary	45466	Nathan M. Rau
Primary	45844	Christopher L. Holt
Primary	45956	Alan G. Rego
Primary	48516	Todd R. Fronek
Primary	49027	Linda P. Ji
Primary	53675	Leanne R. Taveggia
Primary	24383	Robert M. Angus
Primary	32015	David C. Bohn

#### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application			MM/DD/YY

#### **Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::
		MM/DD/YY	Yes or No
